

01-R -0119

Entered - 11/02/00 - sb  
CL00L0670 - DIANNE C. MITCHELL

CLAIM OF: **FEDERATED MUTUAL INSURANCE COMPANY  
AS SUBROGEE OF MICHELLE FARLEY  
P. O. Box 467500  
Atlanta, Georgia 31146-7500**

For damages alleged to have been sustained as a result of a vehicular accident on June 24, 2000 at M. L. King, Jr. Drive and Interstate 285.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **FEDERATED MUTUAL INSURANCE COMPANY AS SUBROGEE OF MICHELLE FARLEY** the sum of **\$1,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on June 24, 2000 at M. L. King, Jr. Drive and Interstate 285 as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: Rosalind Rubens Newell by  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

Robert N. Coj OCA

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0670

Date: January 17, 2001

Claimant/Victim FEDERATED MUTUAL INSURANCE COMPANY AS SUBROGEE OF MICHELLE FARLEY  
BY: (Atty)(Ins. Co.)

Address: P. O. Box 467500, Atlanta, Georgia 31146-7500

Subrogation: X Claim for Property damage \$ 2,496.00 Bodily Injury \$

Date of Notice: 10/26/00 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/24/00 Place: M. L. King, Jr. Drive and Interstate 285

Department Police Division:

Employee involved Raynard Griffin Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle misjudged his clearance and struck the claimant's vehicle causing damages in the above amount.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver X Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ 1,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 01-17-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

FORM 23-61

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-24-00

26-10-00A10:27 RCVD

M. Farley  
11/02/00  
Dr

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,496.00 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 6-24-00 (month/day/year)  
2. Police called: YES 00L0670 - DIANNE MITCHELL  
Yes No

3. Location of incident: M L KING JR DR SW & I-285 NB RAMP EXPY SW

4. Name of your insurance company: FEDERATED MUTUAL INS CO Policy No. 0523600

5. State what and how incident occurred: OFFICER RAYNARD GRIFFIN MADE A LEFT TURN IN FRONT OF MICHELE FARLEY CAUSING COLLISION. OFFICER GRIFFIN FAILED TO YIELD THE RIGHT OF WAY AND WAS CITED.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle	DODGE	1990	262 MWE	MICHELLE FARLEY
	(make)	(year)	(tag number)	(driver's name)
City vehicle	FORD	RAYNARD GRIFFIN		ATLANTA POLICE DEPT
	(make)	(City driver's name)		(department/bureau)

8. Witness: (name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

FEDERATED MUTUAL INS CO AS SUBROGEE OF MICHELLE  
(claimant's name) FARLEY

PO BOX 467500

(address)

ATLANTA GA 31146-7500

(city and state)

404-390-3900

(work number)

(home number)

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0670

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND AND NO/100  
           DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby  
acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever  
discharge said City, its officers and employees, including but not limited to Raynard Griffin, from any and all  
claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or  
on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident  
which occurred on or about the 24th day of June, 2000,

at or near Martin Luther King, Jr. Drive and Interstate 285

It is further understood and agreed that the payment of the above named sum is not to be considered as an  
admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the  
undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents,  
servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers,  
agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment  
of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by  
said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this  
instrument.

WITNESS my hand and seal this 15 day of January, 2001

Beth M. Davis (LS)  
**FEDERATED MUTUAL INSURANCE COMPANY**  
**AS SUBROGEE OF MICHELLE FARLEY**

The above release was read and explained to, and signed by the said Beth M. Davis,  
claims adjuster in our presence on the date above written.

Stephanie L. Barnes  
Monica R. [unclear]  
Witnesses